



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

School District Claim for  
State Reimbursement for  
School Bus Transportation

State ☐  
District ☐  
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
31 Mineral		0577 Alberton K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	2	1	78.4	1.80	84	12/22/04	_____	_____
100	2	2	45	1.15	56	12/22/04	_____	_____
100	2	3	62	1.15	54	12/22/04	_____	_____



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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
31 Mineral		0579 Superior K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	3	1	65.4	1.36	66	01/17/05	_____	_____
100	3	2	50.8	1.15	57	01/17/05	_____	_____
100	3	3	59	1.36	66	01/17/05	_____	_____
100	3	4	113.8	1.36	66	01/17/05	_____	_____



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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
31 Mineral		0582 St Regis K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	1	112	1.57	78	None	_____	_____
100	1	2	84.2	0.95	47	None	_____	_____